

**Capps**

ADMN

**Purchase Voucher**

Agency: 529

Health and Human Services Commission

**Voucher Number: 01370494****USAS Doc Number:****Payee Name / Address:**

✓ TEXAS PREGNANCY CARE NETWORK  
 STE K250  
 1101 S CAPITAL OF TEXAS HWY  
 WEST LAKE HILLS, TX 78746-6445

TCode: AP-225-STD

Origin: ONL

Payee ID/Check/Mail: 1760802397/8/000

0.00

Freight Amount:

762,500.00

Gross Amount (includes Frt.):

0.00

Discount Amt Taken:

762,500.00

Payment Amount:

762,500.00

**FOLD HERE**

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount
1	00000131430			TPCN-7	To extend term of contract 30 TPCN-7; JAN 2018; PO#13143	762,500.00
<b>ShipTo ID</b>						
2077	Contract#	Org PmtDt	IC	RC	Invoice DT: 02/20/2018 / Req'd Pay DT :	
✓ 529-16-0004-00001					Inv Recv'd DT: 02/20/2018 / Pay Due DT: 03/22/2018	
1.1	Account	Entry Event	Fund	Dept	Service DT: 01/31/2018 / PO DT: 01/31/2018	
	725300		0001	716B✓		
	Program	Class	Ref	Pri/grant		Amount
	5016A	03138	2018	GR		762,500.00
	Conf: N				Certified Amt:	0.00

**Descriptive Legal Text (DLT Comments):**

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

<u>Ily</u>	Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into CAPPS
<u>Ily</u>	Approved By	Approver Phone(Area+Number)	Date Approved	Icaro, Maricor Entered By
Contact Name		Contact Phone(Area+Number)		

V# 01370494

# Contract Vendor Invoice Payment Request



HHSC Health Developmental and Independence Services

Name of program

RECEIVED  
FEB 22 2018  
HHSC Accounting Ops

The attached invoice is approved for payment.

Invoice Date:	2/20/18
Invoice Number:	TPCN-7
Dept. ID/Speedchart:	716B
Object Code:	3001
Contract Number:	529-16-0004-00001
Contract Name:	Texas Pregnancy Care Network
TIN:	17608023978
Mail Code:	0224
Purchase Order Number:	HHSTX-8-0000106713 13143 (see attached email) - mT

  

Month of Service:	January	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	2/20/18
Payment Due On or Before:	Net 30

Total Amount:  
\$762,500.00

CONTACT	DATE
Preparer's Name:	Becky Spaw
Preparer's Phone:	512-428-1946

Approval	DATE
Name of approver	Lesley French

SIGN-OFF	DATE
Agency Contact/Preparer's Signature:	Becky Spaw

MW 2/22/18



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Texas Health and Human Services  
Health, Developmental and  
Independence Services  
1100 W. 49<sup>th</sup> Street  
Austin, TX 78756

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Taxpayer ID No.** 76-0802397

Amounts due may be remitted  
by Electronic Funds

**To:** Business Bank of Texas, N.A.  
1910 W. Braker Ln

Building 3, Suite 100  
Austin, TX 78758

**Routing No.** 114925615

**Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number:** TPCN-7**Invoice Date:** February 20, 2018**Due Date:** March 31, 2018**For Professional Services Rendered:****RE:****Contract Number:** 529-16-0004-00001B

TPCN is submitting this invoice according to the terms of Section VIII of the Amended Contract between TPCN and HHSC executed on or about August 31, 2017 (attached).

**Payment 7:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** March 31, 2018

\$762,500.00

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Amount Due	\$762,500.00
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# Health and Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-8-0000013143	Page
	Prepaid & Allow	BEST WAY	Date 03/01/18	Revision	1
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	2077 - Austin:909 W 45th St HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 149347 Ste 211 Austin TX 78751 United States	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Bill To:	Health, Development and Indepe HEALTH & HUMAN SERVICES COMMISSION 4900 N Lamar Blvd Ste 2100 Austin TX 78751 United States	

Vendor: 1760802397 8  
TEXAS PREGNANCY CARE NETWORK  
STE K250  
1101 S CAPITAL OF TEXAS HWY  
WEST LAKE HILLS TX 787466445  
United States

Bill To:  
Health, Development and Indepe  
HEALTH & HUMAN SERVICES COMMISSION  
4900 N Lamar Blvd  
Ste 2100  
Austin TX 78751  
United States

Fax: 512/428-1970  
Email: christy.abe@hhsc.state.tx.us

Line Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	Purchaser:	Perez,Gracie	512/406-2554
					PO Price	Extended Amt	Due Date

Contract No.: 529-16-0004-00001 Term: 06/01/2016 to 03/31/2018

VENDOR: Texas Pregnancy Care Network  
VENDOR CONTACT: John McNamara

AGENCY CONTACT: Kathy Smith  
PHONE: 512-487-3380  
EMAIL: Kathy.smith01@hhsc.state.tx.us

AGENCY CONTACT: Hugh Addington  
PHONE: 512-462-6277  
EMAIL: hugh.addington@hhsc.state.tx.us

AGENCY CONTACT: Michael Gill  
PHONE: 512-487-3426  
EMAIL: michael.gill03@hhsc.state.tx.us

HHSC Purchasing Contact: Gracie Perez, CTPM, CTCM  
PHONE: 512-406-2554  
FAX: 512-406-2688  
EMAIL: gracie.perez@hhsc.state.tx.us

REQ#10052

TGC 2155.144

HHSC or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. This contract is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

1-1 948-48 1.00 EA 762500.00000 \$762,500.00 03/01/2018  
To extend term of contract 30 days to 3/31/18

Schedule Total \$762,500.00

Contract ID: 529-16-0004-00001

Contract Line: 0

Release: 2

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-8-0000013143
	Prepaid & Allow	BEST WAY	Date 03/01/18	Revision Page 2
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	Purchaser:	Perez, Gracie	512/406-2554
					PO Price		Extended Amt Due Date

Item Total for Line 1 \$762,500.00

Total PO Amount \$762,500.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Authorized By

*Gracie Perez CTPM*

03/01/2018